



BOARD OF OPTOMETRY  
2420 DEL PASO ROAD, SUITE 255  
SACRAMENTO, CALIFORNIA 95834  
TEL: (916) 575-7170  
[www.optometry.ca.gov](http://www.optometry.ca.gov)



## INSTRUCTIONS FOR COMPLETING APPLICATION FOR FICTITIOUS NAME PERMIT

### SUMMARY OF LEGAL REQUIREMENTS FOR OPTOMETRISTS USING FICTITIOUS BUSINESS NAMES

By law, any optometrist or optometric corporation conducting business under a false or assumed name in California must first meet a number of requirements before using the business name. The laws pertaining to optometrist practicing under a false or assumed name are explained below.

- It is unlawful to practice optometry under a false or assumed name, or to use a false or assumed name in connection with a licensee(s) or registered corporation unless the Board of Optometry has first issued a Fictitious Name Permit (FNP) for the false or assumed name (Business and Professions (B&P) Code section 3078).
- The place or establishment in which the practice is located must be owned, rented or leased by the applicant (B&P Code section 3078(a)).
- The practice conducted at the place or establishment must be wholly owned and entirely controlled by the applicant(s) (B&P Code section 3078(a)).
- The name under which an optometrist or optometric corporation propose to operate must not, in the judgment of the board, be confusing to the public (B&P Code Section 3078(b)).
- The name under which the optometrist or optometric corporation proposes to operate must contain at least one of the following designations: “optometry” or “optometric.” (B&P Code Section 3078(b))
- Every person who regularly transacts business in this state for profit under a fictitious business name must file a fictitious business name statement in the county where the principal place of business is located not later than 40 days from the time he or she commences to transact such business (B&P Code Sections 17910 and 17915).
- The filing of articles of incorporation with the state or a fictitious business name statement in the county establishes a rebuttable presumption in that county that the registrant or corporation has the exclusive right to use that business name, as well as any confusingly similar name, if the registrant or corporation is the first to register such name and is actively engaged in a business utilizing the name. The rebuttable presumption shall be applicable until the statement is abandoned or otherwise expires and no new statement has been filed by the registrant (B&P Code Sections 14411, 14412, 14415, 14416).

## APPLICATION INSTRUCTIONS

The Board suggests that optometrists wishing to practice under a false or assumed business name follow the procedures listed below:

- 1) Review the County Clerk's index of fictitious business names registered in your county to determine if there is a similar business name already in use in your county. The search is your responsibility and not that of the Board.
- 2) Check with the Secretary of State for corporate filings with similar business names, which can be accomplished on-line at [www.ss.ca.gov](http://www.ss.ca.gov). The search is your responsibility and not that of the Board.
- 3) Register your fictitious business name with the local county government as required.
- 4) Publish the required fictitious business name statement in a local newspaper once a week for four successive weeks with at least five days between each date of publication.
- 5) Mail the COMPLETED APPLICATION ONLY to the Board of Optometry at 2420 Del Paso Road, Suite 255, Sacramento, CA 95834.



BOARD OF OPTOMETRY  
2420 DEL PASO ROAD, SUITE 255  
SACRAMENTO, CALIFORNIA 95834  
TEL: (916) 575-7170  
[www.optometry.ca.gov](http://www.optometry.ca.gov)



## APPLICATION FOR FICTITIOUS NAME PERMIT

### BOARD USE ONLY

Cashiering # \_\_\_\_\_

FNP # \_\_\_\_\_

**APPLICATION FEE: \$10.00**

1. Name(s) and license number(s) of applicants. Be sure to include all licensed optometrists who have a financial interest in the location for which this FNP is issued.

1.a.	_____	_____	_____	_____
	(Last)	(First)	(Middle)	(OPT License #)
1.b.	_____	_____	_____	_____
	(Last)	(First)	(Middle)	(OPT License #)
1.c.	_____	_____	_____	_____
	(Last)	(First)	(Middle)	(OPT License #)

2. Address where fictitious name will be used.

_____	_____	_____	_____
Number & Street	City	State	Zip Code

3. Applicant is applying as: (*only check one*)

Individual (sole proprietor)

Partnership (Two or more optometrists with proprietary interest sharing the FNP name)

Professional optometric corporation\*

\*The corporation must be registered with the Secretary of State as a California **Professional Optometric Corporation** as defined under California Corporations Code § 13400 et. Seq. If the fictitious name includes "Inc." or other corporate designation, the name of the FNP and the name on the Articles of Incorporation must be the same. Please attach a copy of the Articles of Incorporation.

4. Fictitious name stated by one letter or space per box. Please begin at the top left box completing boxes to the right. Name **must** include optometry or optometric with a maximum of 60 letters and spaces.

## 5. Declaration of Business Name Search

I/We declare under penalty of perjury under the laws of the State of California that a search of the business records of the county where my/our place of business is proposed to be located was conducted and completed. A same or similar name was not located, nor am I/we personally aware of any such business in operation within the county with a same or similar name, but has not filed a fictitious business name statement, completed publication, and/or obtained a fictitious name permit from the Board.

\_\_\_\_\_  
Signature of Licensee Listed in Box 1.a

\_\_\_\_\_  
Date Executed

\_\_\_\_\_  
Signature of Licensee Listed in Box 1.b

\_\_\_\_\_  
Date Executed

\_\_\_\_\_  
Signature of Licensee Listed in Box 1.c

\_\_\_\_\_  
Date Executed

**FINAL APPROVAL OF THE FICTITIOUS NAME IS IN THE JUDGMENT OF THE BOARD, WHICH MEANS THAT YOUR APPLICATION CAN BE DENIED IF IT DOES NOT CONFORM TO THE PROVISIONS OF B&P CODE §§ 17910, 17915, 17917, 17924, 17930, 3078 AND OTHER SUCH LAWS, RULES AND REGULATIONS AS MAY BE RELEVANT.**

## 6. Name of Optometrist to be contacted regarding this application:

\_\_\_\_\_  
(Contact Licensee Name)

\_\_\_\_\_  
(Telephone #)

**Please note: Upon request, additional information and/or documentation must be provided to the Board before this application will be processed and a Fictitious Name Permit issued.**

**BEFORE YOU SUBMIT THIS APPLICATION**, please check that you have completed the following:

- ☐ Declared under penalty of perjury that the required search of County Clerk and Secretary of State records was conducted.
- ☐ Submitted a copy of the “affidavit of publication” issued by the local newspaper.
- ☐ Submitted the \$10.00 application processing fee.

Mail the COMPLETED APPLICATION to:  
State Board of Optometry  
2420 Del Paso Road, Suite 255  
Sacramento, CA 95834